

2A x 2 = AB
 10 + 1 = 11
 3 + 1 = 4
 1 + 23 = 24
 1 + 16 = 17
 1 + 1 = 2
 1 + 1 = 2

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

04535169

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		1			
4	2		1			
5	2		3			
6	2		1			
7	2		1			
8	2		1			
9	2		1			
10	2		1			
11	2		1			
12	(1)		1			
13	2		1			
14	2		1			
15	2					
16	1					
17	1					
18	1					
19	1					
20	1					
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27	10					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	2					
44	2					
45	2					
46	1					
47	2					
48	2					
49	2					
50	2					
TOTAL IND.			43			
TOTAL DEP.			190			
TOTAL CLAIMS			233			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		2				
53		2				
54		2				
55	1					
56	1					
57	1					
58	1					
59		1				
60		1				
61	1					
62	1					
63	1					
64		10				
65	1					
66	1					
67	1					
68	1					
69	4					
70	4					
71	4					
72	4					
73	4					
74	4					
75	4					
76	4					
77	4					
78	4					
79	4					
80	10					
81	10					
82	1					
83	1					
84	1					
85	1					
86	1					
87	1					
88	1					
89	1					
90	4					
91	1					
92	4					
93	4					
94	4					
95	4					
96	4					
97	4					
98	4					
99	2					
100	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						